

**TRADITIONAL BIRTH INFLUENCE IN HIV/AIDS
(IN BUCULA COMMUNITY – NGQELENI: EASTERN CAPE)**

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Assignment presented in partial fulfillment of the requirements for the degree of
Master of Philosophy (HIV/AIDS Management) at Stellenbosch University




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DECLARATION

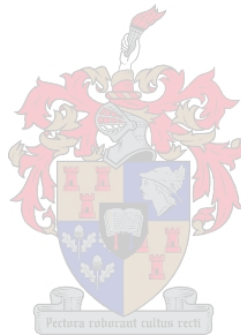
I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part, submitted it at any university for a degree.

Signature:



T. P. MADATI - NDABENI

Date: 29 November 2005



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For the success of this document, the researcher has a number of people to thank.

Were it not for the indefatigable efforts of Anja, whom I kept on bothering with phone calls and e-mail messages, my honoured supervisor Prof. Johan Augustyn, who despite his daily commitments, devoted his energy to this work. His patience, constructive remarks and encouragement during the stage-by-stage processing of this work will be remembered for a long time.

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The researcher feels indebted to the University of Transkei for giving permission to the use of Medical library facilities.

Not living behind Bucula community and Canzibe hospital staff, who contributed, to the success of this document, where the data was collected.

One never forgets to trace her success from her background. Each time a researcher does this; she is often struck by all the memories about the parents, teachers and lecturers that laid foundation for her future. They are heartily thanked and deserve to be associated with the success of this document.

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SUMMARY

Traditional birth practices and HIV/AIDS infections usually reflect the standard of health. They are probably the best measures of the general socio-economic conditions of the society. There is a worldwide indication that the slow-down of HIV/AIDS infection and traditional birth practices is an indication of an improvement in the healthcare and strategic management of the infectious diseases.

It has been noted that even a developing country like Kenya has managed to slow down HIV/AIDS pandemic. This case needs more attention from the politicians as authorities to declare HIV/AIDS a natural disaster.

Twenty households were randomly selected for the collection of data in the form of questionnaire and oral interviews, due to high illiteracy in the community. A direct method of estimation was used to determine the level of mortality rate and HIV/AIDS infection rate among the mothers and babies.

It was found that most of the infections and deaths were caused by the cultural practices, beliefs in Witch doctors and traditional healers, lack of education, low socio-economic status, ignorance and inaccessibility of healthcare centres.

High mortality rate due to traditional birth and HIV/AIDS infection was confirmed by the Canzibe hospital, reports reflect HIV/AIDS infections to the mothers and their babies taken to hospital for inspection after complicated deliveries.

The community leader reported that most women who died were in their early twenties and mid-thirties except few old women aged between 50 and 60 that died due to same sickness as their daughters and daughters-in-law. A community leader confirmed that their children usually die first before they reach age five. That was just estimation; no accurate ages were given because of illiteracy problems.

Finally recommendations were made to minimise death rate and HIV/AIDS infection through traditional birth. Training of the traditional midwives, mothers on breast-feeding and on how mother to child transmission occurs is required. Gender inequality and rural economic empowerment should be addressed.

OPSOMMING

In hierdie studie word die konflik tussen en gevaar verbonde aan tradisionel geboortepрактыке en die verspreiding van MIV/Vigs word in die artikel onder die soeklig geplaas. 'n Steekproef van 20 huishoudings is vir die studie gebruik en inligting is ingesamel deur middel van 'n gestruktureerde vraelys. Resultate dui daarop dat, veral in die landelike gebiede met lae vlakke van geskooltheid, tradisionele geboortepрактыке nog steeds vrylik beoefen word en dat dit 'n beduidende verspreider van die MIV-virus is van moeder na pasgebore kind is.

Ondanks die skynbare konflik tussen tradisie en moderne gesondheidprakтыке word praktiese voorstelle gedoen om hierdie probleem te probeer aanspreek.



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Appendix A

Appendix B

CHAPTER 1

1.1 INTRODUCTION

The purpose of the study is to investigate the influence of traditional birth to the HIV/AIDS in the Bucula community, Ngqeleni district –Eastern Cape.

This community is dominated by traditional practices, cultural and witchcraft beliefs. Bucula community is still one of those areas, which believe that if an infant had been received in hospital will have unstable mind throughout his or her life. Because there are certain rituals, which were, suppose to be performed in his or her arrival, which not performed.

Females dominated the Community, husbands died accidentally in the mines. Some had been killed by the HIV/AIDS related illnesses and the few remaining are sick with HIV/AIDS related illnesses.

Since there is no demographic data indicating the influence of traditional birth in HIV/AIDS in Africa, estimated demographic parameters had been used. Due to the lack of demographic data in our country, Netherlands where traditional birth practices is still high will be used as a source of accurate demographic data in comparison with Bucula community.

Traditional birth is mostly practiced in remote areas, where there is illiteracy, ignorance, poverty and a lot of unemployment. It has been noticed lately that the traditional birth is one of the most contributing factors to the spread of HIV/AIDS. Bucula being one of those areas, where in every household one or all members are infected with the HIV/AIDS. This had been noticed through the signs, symptoms and illness they have. Most of these HIV/AIDS infections have been caused by traditional deliveries among women especial to the elderly women.

People in this community are still primitive; there is no knowledge of HIV/AIDS. Teenagers, their mothers and their grandmothers are equally infected by the

HIV/AIDS due to traditional birth practices, social roles attached to them as care givers and cultural values and norms of the society.

Estimations show that women and children have been particularly hard hit by HIV/AIDS. At least half of all infected adults are women between 15 years and 49 years. It is estimated that more than 35% of pregnant women are infected. These young women usually get the disease from their husbands working in the minds sometimes they get it from the traditional spouse inheritance.

The old women become victims because they are used as traditional midwives of the households within the community. Again their ignorance and hardship life style fuels the pandemic because they have cracked hands and generally broken skin, which easily permits the flow of the virus.

Denial is the main problem in the area, even if one happens to be aware of the disease, they never talk about it. Since HIV/AIDS is regarded as a sexual transmitted disease, sex is the least Africans can talk about; it is regarded as a taboo. In this area they do not even mention the word HIV, due to the myth they have. They usually say some one has three words. They even know that HIV is better than AIDS. They usually say three letters are better (HIV letters), but four words (i.e. AIDS) means death.

The community is using Canzibe hospital, which is about 50 kilometres. No one bothers to seek for health assistance even if they become aware of the disease they know if opportunistic diseases like tuberculosis (TB) can be treated, grant will be terminated.

Data on traditional birth practices and its influence in HIV/AIDS is lacking in our country since it is usually practised in rural areas. More researches are done in urban areas in townships, which do not give a true reflection of HIV/AIDS spread in the rural communities.

1.2. OBJECTIVES OF THE STUDY

The purposes of this study are as follows:

- (i) The objectives of this research study are to determine the nature of relationship between traditional birth and HIV/AIDS infection.
- (ii) To determine if Bucula community level of education have an influence in traditional birth practices and the spread of the HIV/AIDS.
- (iii) To determine if their socio-economic status and their geographic area have influence on traditional birth practices and HIV/AIDS spread.
- (iv) To determine if cultural practices have influence in HIV/AIDS.
- (v) This research will assist the researcher to determine if the community attitude towards hospital birth has an influence on traditional birth practice.
- (vi) This research intends to expose risks involved during the process, meaning how Mother To Child Transmission occurs and how mothers, traditional midwives and other care givers can get infected.
- (vii) Again this study intends to expose factors enforcing traditional birth practice.
- (viii) The study intends to determine if there is a significance difference between the HIV/AIDS infection in home births and western deliveries.
- (ix) Lastly, to make recommendations concerning the data collection, methods of improving traditional birth practices and methods of reducing mortality and HIV/AIDS infection due to traditional birth practices.

1.3. LAY OUT OF THE STUDY

CHAPTER 1 is an introduction, an overview of the problem. It briefly indicates the problem areas around the issue of traditional birth and its influence in HIV/AIDS spread. Aims and objectives of the study will be discussed.

CHAPTER 2: Review literature pertaining to traditional birth and its influence in HIV/AIDS will be discussed.

CHAPTER 3: Research design and methodology will be discussed. Designed tables and figures showing HIV/AIDS infection rate, mortality rate will be used to give a clear image about the problem.

CHAPTER 4: Analysis and interpretation of data will be done. It also describes the procedures used for collecting the data presented in this study. Furthermore guidelines for analysing and interpreting the data are discussed.

CHAPTER 5: Presents the findings on traditional birth practices and influence in HIV/AIDS. It also presents conclusions and recommendations that can be used to minimise traditional birth influence to HIV/AIDS and methods that can be engaged into to improve traditional birth practices.



CHAPTER 2

2. LITERATURE REVIEW

2.1 INTRODUCTION

Traditional birth had been identified as one of the key factors in HIV/AIDS spread. There is nothing wrong with the process itself, but the problem lies on how it is done. Cultural barriers had been proved beyond doubt that is one of the fuel factors of HIV/AIDS. Again myths and beliefs that the community have make them to cling on traditional birth practices. Lastly the inaccessible of roads and health care centres live the community with no other alternative except to continue with traditional birth practices.

2.2 COMMUNITY BACKGROUND

Bucula is a previously disadvantaged community, which is dominated by females. Men are working in the mines or in factories. Some of them died accidentally in the mines while others had been killed by the HIV/AIDS related diseases like T.B and meningitis. The women head all the families, mother in law being an overseer. Some of these women are widows but they continue giving birth, sharing other women's husbands. Some women never got married and yet they have children from the married husbands.

It had been found that within this community, a man has more than three extra marital affairs and yet in the mines they also have Vat -en -sit (Umasihlalisane). All this gives a clear indication about how the virus is spread.

This is a very poor community without health care facilities. They have to travel more than 50 kilometres to reach Canzibe hospital, which is closer to them. The only nearby clinic is Mtakatye which is about 25 kilometres with no qualified midwives. In addition to that the clinic had not been designed to cater for deliveries.

The unavailability of health care centres led to the poor HIV/AIDS management in the area. Information and advices about HIV/AIDS continue to be in urban areas, living people in rural areas without choices except their old life style of unprotected sex and promiscuity.

Lack of knowledge about the virus in rural areas especial in Bucula community where the research was conducted fuels the virus. Their strong beliefs in traditional healers, witchdoctors and myths they have around the use of condoms are their own grave. Everything, which goes wrong especial death, is associated with witchcraft.

2.3 DEMOGRAPHICS AND CULTURAL ASPECTS

Young women in this community are facing the full force of the infection globally due to polygamy practiced in Africa. The high rate of infection among young men and young women live orphans heading families. Old men and women can no longer enjoy their pension grants because they have to take over from their sons and daughters responsibilities. The rapid spread of the pandemic caused emotional strain to the parents, children and the community at large.

Young women get infected from their mining husbands who have extra marital affairs. Many cases were reported at Canzibe hospital that miners do not want to disclose their status to their wives. They know that they might live or refuse to have sex with them. It is so unfortunate that confidentiality is maintained even if it is putting another one's life in jeopardy. The only reason for refusing to disclose is the denial. Most people do not accept the situation they found themselves in. Sometimes they do not disclose running away from discrimination.

Since HIV/AIDS has been linked to sexual impropriety from the outset, they decide to remain silent about their status Shepherd (1994). In our African culture sex matters remain taboos, HIV/AIDS followed the same suit since it is mostly acquired through sexual intercourse.

Women in this area are still overpowered by men. They cannot choose whom to have sex with and when. Their low socio – economic status contribute to the spread of the

virus. They have no final word over their bodies. Their fear is that if they might voice out their dissatisfaction of not liking to share their husbands, financial support may be withdrawn. Due to their total dependence on men, they decide to keep quiet even if they know that they might be infected.

Traditional roles of women as community caregivers expose them more to the HIV/AIDS. Community usually identify same people as traditional midwives to assist almost all the mothers within the community. This statement is supported by Barlow 1992 as quoted by Shepherd 1994 when he says, women living with HIV in the community will usually bear the responsibility for child care, housekeeping, health appointments and their own illness as well as the illness of partner, possibility children and other family members.

Due to unprotected deliveries, they also become the victims of the disease. Since same people are used, they become HIV/AIDS carriers to all the mothers and babies delivered in their hands.

Cultural values and norms have a great impact in HIV/AIDS spread. In this community spouse inheritance is widely practiced. Usually if the men die first, the brother of the deceased automatically takes over from the wife and continues with the family.

In that way they might infect each other. Sometimes some husbands died in the accidentally in the mines, not due to HIV/AIDS disease then she is forced to marry the brother who might have HIV and gets infected in that way.

2.4 TRADITIONAL BIRTH METHODS

Community had selected elderly family members, who are used as traditional midwives. These members are the same members who had been used as primary sources in collecting data.

These people are still ignorant about HIV/AIDS disease. This is proved by how the process of delivery is done. .

Community givers receive babies with bare hands. Their hardship lifestyle makes an easy flow of the virus from the caregiver to the mother and the baby or vice versa. Since the community use same people in traditional birth process, it had been noticed that it is possible that most of the mothers and children got infected during delivery.

It had been found that most of the mothers and babies become exposed to other infectious diseases other than HIV/AIDS due unhygienic practices in the process. Old razor blades and knives are used to cut the umbilical cord, which had been used, in other deliveries and sometimes in face cut marking.

In African traditional birth deliveries surgical gloves are not used as a protection against infections. The use of gloves in this area is seen as a sign of disliking a person whom is being helped. It is for this reason that, if one member of the family died due to HIV/AIDS related death all the members who assisted while he or she was sick are likely to be infected.

Caregivers even more exposed especial if the mother is living with the virus, because they suck the fluid inside the infant.

2.5 MODES OF VIRUS TRANSMISSION

HIV/AIDS might have occurred in two ways in this area;

- (i) Vertical transmission, which is how the virus is transmitted from mother to child (MTCT).
- (ii) Horizontal transmission which occurs through sexual intercourse, body fluids, sharing of needles, syringes, organ transmission and other sharp objects.

This research is more on vertical transmission.

(i) HOW PERINATAL TRANSMISSION OCCURS

It is known that the virus can cross the placenta barrier and infect the foetus. Babies born from HIV positive mothers will carry the HIV antibodies formed by their

mothers. Antibodies may take 18 months to show signs unless tests have been conducted to detect antigens, meaning the presence of virus in the body Shepherd (1994). The mother to child transmission is estimated at 65% Shepherd (1994). It had been estimated that only 35% of transmission would occur antenatal Temmerm (1993). That is the reason why it is important to minimise it by the use of Nevirapine pill given to the mother just before birth and Nevirapine syrup given to the baby after delivery.

It had been noticed that even if some women are aware of their HIV status they continue with the child bearing for social reasons. Usually these people accuse community members for bewitching their babies although natural HIV infected babies do not usually exceed two years except few like Johnson Nkosi of Gauteng province who managed to reach twelve years. The infected mother usually has miscarriages, stillborn babies or sudden infant death. Through denial, they keep on accusing other people for bewitching their babies.

A woman X who is HIV positive lost an eighteen months old baby. She accused people for bewitching her baby. Before that she had three miscarriages even then she had accused people for being jealousy. Due to the lack of knowledge and the denial about her status she continued accusing her relatives about all the unfortunate incidents.

Some women suspect their partners that they might have the virus, but they can not risk losing their financial support by refusing sex or insisting in the use of condoms. Usually African men have final word; he might react to that with anger, violence and abandonment. Women in this area cannot dictate sex terms; they are bind by the traditions and customs. The bride price (lobola) that men have paid automatically gives them final say in sex matters. They believe that bride price gives them ownership over their wives. Some women are not aware about the use of condoms and the disease due to the lack of education and high illiteracy rate in the area.

Mother To Child Transmission is very high in this area because they do not have access to nevirapine at delivery. Babies normally get infected at labour as a result of cervical dilation and rupture of membranes. Some times infection might have

occurred from contact with and inhalation and ingestion of infected cells, amniotic fluid and maternal body fluids by the foetus as it negotiate the birth canal.

Women are exposed to long and difficult labour during traditional birth. Traditional midwives are not properly trained for deliveries. They are not aware of what they are damaging inside while trying to pave the way for the foetus. With this type of delivery, membranes are likely to get damaged, even the baby's skin might be broken exposing the foetus more to the infection.

It has been noticed that health condition of most infected mothers deteriorate immediately after delivery. Due to their strong belief in witchcraft they usually associate that with black magic. Instead of going to the nearest hospital for the treatment, they will go to the witchdoctors (Isangomas) and traditional healers (Amaxwele) for the treatment. They usually get medicine, which will make them

Vomit; sometimes the medicine might be used for spading in an attempt to clean the poison, which is believed to be the cause of their sickness. Spading alone is very dangerous; it weakens the person and exposes her more to the virus as syringes are usually shared. All these attempts weaken their immune system even more, leading to the deterioration in their condition ultimately lead to death.

After delivery these young women have to breastfeed. Due to poverty in the community, they usually do not have enough milk to feed their babies. They opt for mixed feedings. Infants are likely to have damaged mucous membrane, which is likely to be damaged when traditional midwives tried to pull the fluid inside the baby. Mixed feeding and the damaged membranes make the easy flow of virus to the baby. Sometimes the infection is fuelled by the cracked nipples as mothers used to unblock those using sharp sticks just before birth.

2.6 COMPARING AFRICAN TRADITIONAL BIRTH WITH WESTERN TRADITIONAL BIRTH FINDINGS

Studies done by Buitendijk as quoted by Van der Mark 1993 have shown that mothers and babies in traditional birth are more at risk than those delivered in hospitals. Home

birth expose mothers and their babies to many infections especial the Human Immune Virus (HIV). Besides infections, safety of the mothers and the babies cannot be ensured because of unpredicted birth complications. Buitendijk 1993 as quoted by Van der Mark continues saying that the unavailability of health care centres and teenager's deliveries contribute to these birth complications.

Due to the unavailability of health centres in this area some women did not plan to give birth at home but circumstances like the shortage of transport, inaccessible roads forced them to give birth at home. Some of these women give birth on the road, along the bushes trying to reach hospital. The high rate of unemployment and poverty in Bucula community makes it difficult to hire cars in cases of emergencies or to pay taxi or bus fares. These people have to travel for some days, sleeping on the way trying to reach, that alone makes the process even faster.

A case study done in England and Wales showed that planned home births have lowest mortality rate and HIV/AIDS infections where necessary precautions have been taken.

According to Buitendijk 1993 as quoted by Van der Mark many shortcomings in home birth have been noticed in developing countries. Women and babies are exposed to HIV/AIDS infections and death risks because of the cultural norms and values of the societies.

Cohen and Durham 1993 added on that saying that traditional beliefs and practices of spouse inheritance have a direct influence on HIV/AIDS spread. Buitendijk 1993 as quoted by Van der Mark say in the case of complications in traditional birth practices there are no proper utensils for the enlargement of vagina and anaesthesia, which can ensure the protection of the baby and mother.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The researcher made use of the exploratory design as there were no studies that have been conducted to determine the influence of traditional birth in HIV/AIDS in Bucula community; Ngqeleni district Eastern Cape. According to Barbie (1995) exploratory studies are conducted to help the researcher to satisfy her or his curiosity. That contributes to better understanding of the phenomenon.

Survey research method was chosen as the most appropriate and convenient for the study because it is suitable for collecting data that involves people's feelings, attitudes, expectations and behaviours Wiersman (1995). Grinnel (1995) also states that survey research is the best method appropriate to social scientists because it is good in collecting original data for describing a population too large to observe directly.

3.2 INFECTION RATE AMONG CHILDREN BETWEEN ZERO-5YEARS

It is estimated that many infections from the mother to the child occurred in the Antepartum, intra partum and post partum periods. Although Cohen and Durhan 1993: say this is not always the case, some can be lucky come out not infected. Taking a reported case of triplets in Canzibe hospital whereby a first baby was found HIV positive while two babies were negative. These babies were delivered through traditional birth but were sent to the hospital for inspection after showing breathing signs problems.

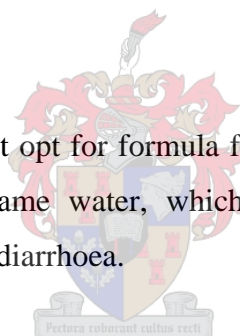
Some of these babies might get infected during labour as it is supported by Mink off et al 1995: when they say infants are likely to get infected during labour when cord has positive blood but when the blood is negative they are not likely to get infected. Canzibe hospital reports show increase in HIV transmission among infants, whose deliveries complicated and taken to hospital for inspection and treatment.

It had been noticed that there is high rate of infection among the childbearing mothers and children between zero and five years. The mixed breast-feeding might have caused most of the infections among the children. According to the Cohen and Durham (1991) women should be discouraged from breast feeding especial those who have access to clean water and baby formula since breast milk have a virus. The statistics showing proves this 15-25 % infected babies who were not breastfed and 25-45 % infected babies who were breastfed.

It had been found very difficult to promote formula feeding in this area because of the following reasons;

In rural communities including Bucula community bottle-feeding is stigmatised. Women doing that are identified as women who are after men. They are expected to breast feed up to two years. For this reason mothers decide to continue breastfeeding despite their health condition.

(ii) Even if Bucula women might opt for formula feeding they do not have access to clean water. They drink the same water, which is drunk by the animals, thus increasing infant's deaths due to diarrhoea.

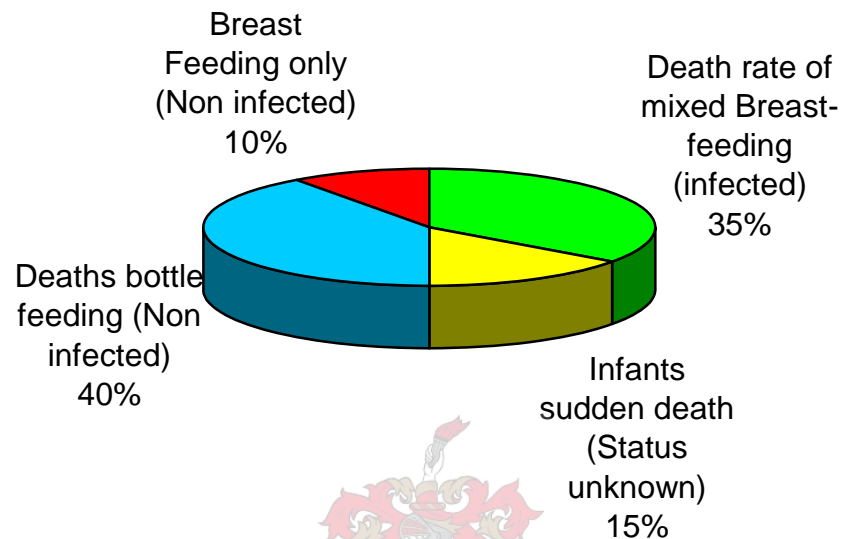


The World Health Organisation (WHO) and UNICEF contradicted with Cohen and Durham by issuing a consensus statement in 1992 giving recommendations on breastfeeding to the HIV positive mothers but it should not be mixed with other feedings. This gives indications that HIV/AIDS awareness programmes are important for everyone irrespective of geographic areas. Mothers need to know the dangers of mixing other feedings with breast milk and the advantages and the disadvantages of not breast-feeding. Bucula community women need to be empowered with HIV/AIDS knowledge so that they can make informed choices about methods of feeding.

These women are not aware that breast milk is an anti-biotic. It can protect their babies from many infections like diarrhoea, respiratory tract infections, and meningitis and from allergies provided is done in a proper way.

3.3

Figure Showing Infection in Breast Fed and Non Breast Fed Babies



3.4 INFECTION RATE AMONG CARE GIVERS AND CHILDBEARING MOTHERS

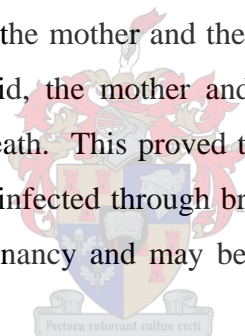
The infection rate among the caregivers and mothers has been noticed as extremely high in this community because of the following reasons;

- (i) African cultural values of regarding women as care givers, caring for sick members of family spread the virus as it is done without health precautions the use of surgical gloves is seen as a sign of disliking the sick person. They handle them with cracked bare hands, making the easy flow of the virus.
- (ii) It is possible that others got the virus from their partners or their inherited spouses.

3.5 INFANTS AND CHILDREN MORTALITY RATE

Infant's mortality rate is very high such that they do not reach their first birthdays. Some survive and die at the age of 5 due to illnesses associated with malnutrition and flue associated with cold and high temperature. In most of cases all these deaths are associated with witchcraft.

Figure 3.3 shows more mortality on babies whose feedings were mixed. A researcher noticed that some babies born from HIV positive mothers never develop their antibodies in their blood Hubley (1990). Babies like these are the ones who had shown high rate of mortality in the area before they reach age of two. There is also evidence that other babies were born uninfected and then got infected during breast-feeding period. This had been proved by the hospital records, whereby a mother complicated during traditional birth and was taken to the hospital with her baby. Blood samples were taken from the mother and the baby and showed no virus signs. But one of the interviewees said, the mother and the child died two years later. Meningitis being the cause of death. This proved that the mother got infected while breast-feeding and the baby got infected through breast milk. It is also possible that mother got infected during pregnancy and may be she was still on window period during inspection time.



African culture of forcing the mothers to breast feed for two to three years exposes babies to the virus because breast feeding mothers these days nor longer abstain until they wean their babies.

The high infant mortality rate is also fuelled by the unavailability of clean water. This community steal rely in dirty water from the river. They are drinking same water where pigs and other animals bath in and drink. Their water is full of germs as pigs and dogs in this area rely on people (i.e. Faeces) for survival. They automatically pass germs to the water while drinking or licking the water.

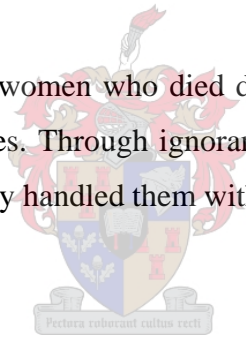
The main cause of the infant mortality is the mixed feedings. In this community babies are breast-fed and other liquids like formula feeding, glucose water gripe water and traditional medicines are used. Minkoff (1995), mixed feedings may damage the

lining of the baby's stomach and intestines making it easier for HIV in the breast milk to infect the baby.

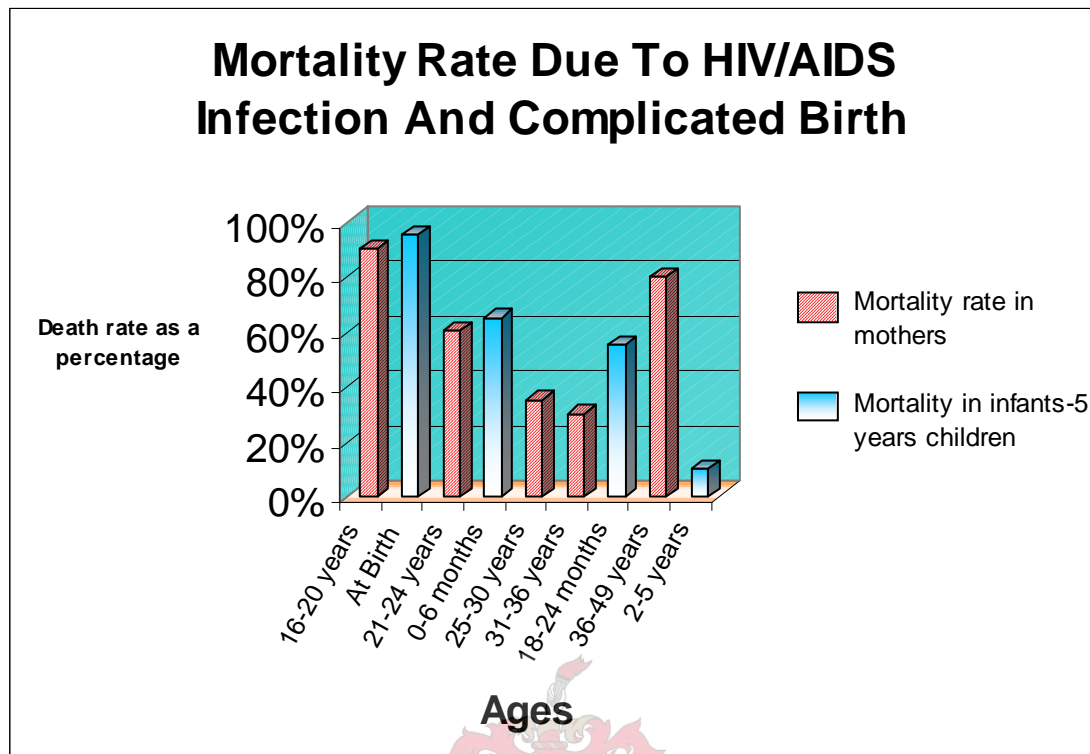
3.6 MORTALITY RATE AMONG THE WOMEN

The mortality rate among adults is also high, that is proved by many funerals held on the same weekend in the same community. Similar cases had been reported whereby it happened that couples were buried on the same day. In one case a husband died in the mines and he was brought home for burial. By that time the wife bed ridden. She died in the same week, which was planned for her husband funeral. They were buried on the same day to minimise funeral costs. Even that death, fingers were appointed to those who are believed to be practising witchcraft. A researcher noticed that those deaths were HIV/AIDS related because a husband was killed by pneumonia and tuberculosis while the wife was having diarrhoea.

It had been noticed that elderly women who died due HIV/AIDS related deaths had HIV/AIDS victims in their homes. Through ignorance, values of the society and the lack of HIV/AIDS education, they handled them with bare hands making an easy flow of the virus.



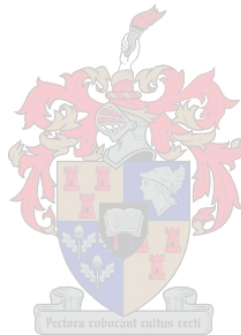
3.7 FIGURE SHOWING MORTALITY RATE AMONG INFANTS AND MOTHERS



3.8 FACTORS CONTRIBUTING TO HIV/AIDS INFECTIONS AND HIGH MORTALITY RATE IN THE AREA DUE TO TRADITIONAL BIRTH PRACTICES

- (i) Traditional practices of spouse inheritance are the key factor.
- (ii) Traditional deliveries, which are not done in a proper way, done without trained midwives.
- (iii) The use of unclean razor blades to enlarge vagina contribute to more other infections and HIV/AIDS spread.
- (iv) Unavailability of health care centres denying baby's opportunity to have nevirapine within 72 hours.
- (v) Low socio-economic status due to unemployment and high rate of illiteracy, make people not to afford to hire cars or to pay taxi and bus fares.

- (vi) Cultural barrier that bind the community force them to stick to traditional birth process. Since there is a belief that a child born in hospital will never have a stable mind, mothers decide not to deviate from their culture.
- (vii) Gender imbalances are a major problem in the area. Women cannot voice out their dissatisfaction. The mother in laws dictates way of delivery to them. Since almost everyone in the community was born through traditional birth, mothers do not get support from their husbands even if they want western delivery. Bucula community is a Pondo tribe, which believe that a man that listens or act in things said by women is stupid. The community even accuse a wife for using a medicine called vamna, which they believe that it makes a man submissive to their wives.
Men usually run away from being seen pulled by the nose by their wives by limiting communication between them.



CHAPTER 4

ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION AND SUMMARY

This chapter will present an analysis and interpretation of the data that had been collected through the use of interview schedules. Interviews were conducted from a group of people who were randomly selected from different homes. Prior the arrival of the researcher, arrangement was made with the community headman so that permission can be granted for a researcher.

Interviews started at 10hoo after they had their breakfast. Their mud huts reflected misery, poverty and hardships experienced by the community. Respondents were very keen to participate because they had high hopes that the process might bring community development.

In addition to that incentives were used by the researcher to motivate participants. Each participant was given a t-shirt, full lunch and dinner was prepared for them because they had no time to cook for the day. Everyone was participating freely using his or her mother tongue. It was not difficult for them to open up because they thought the research process might speed up child grants and AIDS grants.

A researcher thoroughly explained to the headman and to the group the purpose of the study so that they cannot raise their hopes. Among those participants there were child headed families. The eldest girl was 17 years old with two children. She uses her children's grants to support her siblings. They knew nothing about a foster grant, which is given to orphans below the age of 18. Advices concerning those grants were given to the community and the headman by the researcher.

The data collection process consumed a researcher and participant's time because participants had little education. Most of the time questions had to be explained although questions were written in their mother tongue. Tape recorder was used for data collection so that a researcher can analyse data later.

Children showing visible symptoms of malnutrition proved extreme poverty in the area. Small children had big stomachs, with swollen cracked faces and light hair showing scalp. Even among the adults it was clear that they are not getting enough food.

They were generally thin, with oral thrush around their mouths. Some of them had reddish lower lips, showing signs of totally dependence in traditional beer (umqombothi) . Most of the time they drink traditional beer so that they cannot feel the hunger and the small food they have is given to children.

A researcher had noticed that people in this area have no reasons to live, meaning that they had no goals. Laziness had been identified as the cause of the poverty in the area. Gardens did not even have vegetables. They still follow old routines of cultivation. Once they reap maize, they do not see the need to plant vegetables.

These people only get their decent meals in the funerals which become the Community weekly routine.

4.2 PARTICIPANTS



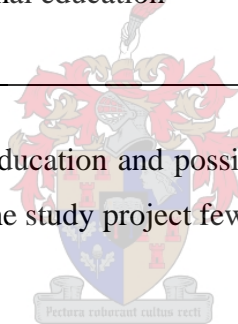
Twenty families were randomly selected from the community and only two from each family were participants. Participants were composed of different age groups. The group was composed of teenagers who were already mothers aged between 15 and 20 years, young mothers between 18 years and 35 years, middle age mothers between 35 years and 49 years and old women who act as traditional midwives between 50 and 65 years. All the above-mentioned people were used as the primary sources of information. This group of participants was composed of 60 people who were randomly selected from the same community and assigned to the group without investigating about their clan group, socio-economic status, HIV status and level of education.

Unwanted variables were eliminated in the sight. The focus was on females since the research is on traditional birth influencing HIV/AIDS spread.

4.3 TABLE SHOWING THE PARTICIPANTS LEVEL OF EDUCATION AND HIV/AIDS INFECTION SIGNS

AGE	LEVEL OF EDUCATION	HIV/AIDS SIGNS
17	Std7	Have blisters on the right arm down to the waist.
27	Std2	TB case
30	Std5	No visible signs
36	SUB-B	Have patches on the face (Shingles)
46	Std2	Healthy
58	No formal education	TB case
65	No formal education	No signs except old age sicknesses

This table shows low levels of education and possibility of HIV/AIDS infection. To maintain the required length of the study project few participants were reflected on the table.



4.4 TABLE SHOWING RESPONDENTS WHO HAD UNDERGONE TRADITIONAL BIRTH, THEIR MARITAL STATUS AND THEIR AGES

Number	Ages	Marital Status
22	15-49 years	Never married
27	18-49 years	Married
04	25-36 years	Divorced
07	25-45 years	Widowed

From the above table, it shows that 36.7 % respondents had never married, 45% were married, 6.7 % were divorced and 11.7% were widowed.

The above percentages show the high levels of multi sexual partners because most of the participants were not married and yet they are still giving birth. There is no doubt that people are involved in multi sexual relationships because all these people are without legal partners but having babies. This means that the sharing of partners in the area is very high.

4.5 DATA COLLECTION AND PROCEDURE

A letter asking the permission to conduct a research was written prior the arrival of the researcher. Permission was granted by the headman. She conducted the research. To save time all the participants gathered at headman's home to be interviewed. Door to door interviews were only done in two homes, whereby a researcher was fortunate enough to see how traditional birth process is done.

On the arrival of the researcher where these home deliveries were done, a researcher noticed that the hut was full of smoke, all the holes designed for windows were closed with old blankets and the door was properly closed. A researcher noticed that the fire was made up of mixed dry and wet woods to make the smoke. Traditional midwives believe that smoke speed up the delivery process. All the holes entering the hut were closed so that the mother can suffocate, making her to breath heavily and fast in search of air. This is how is believed that a baby pushes out her or his way from the mother's womb

All the women who were helping in the delivery were bare handed. On the arrival of the baby the umbilical cord was cut by an old razor blade. Fluid from the baby was sucked by one of the traditional midwives.

The baby was bathed next to the big fire so that he cannot get cold. Old bed sheet was used to wrap the baby and then the placenta was taken away to be buried.

Once the placenta comes out and the baby cries, the delivery is regarded as a successful one. Other complications that may follow are usually associated with witchcraft.

In doing a research open-ended questions were used to collect data. Open-ended questions were seen as necessary to elicit more information and also to understand the influence of traditional birth practices on HIV/AIDS.

To test the reliability of questionnaires a pilot study was undertaken with seven respondents. Some questions were rephrased after comments showing sensitivity of the questions. In order for them to follow questions, Xhosa language was used and translated to English for the purpose of the study. To cater for the illiterate ones other interviews were done orally recording in tape. Canzibe hospital was used as another source of information because it is where most of the complicated deliveries are taken. A researcher saw it necessary to liaise with Canzibe hospital so that people who need help can be encouraged to visit the hospital for testing and treatment.

It was not difficult to get first hand information since the research is about the birth process. It became easy because it involves females who are the same gender with the researcher. It was even easier for a researcher when they realised that she was not a stranger to the area, the researcher's father originally comes from this area.

The research itself was time consuming because of high illiteracy in the area. Most of the questions were to be clarified although it was written in their language in addition to that the pace of writing was very low.

At the end of the interviews participants were thanked and were given their t-shirts as an appreciation for their participation in the study. Two visits were made to the community after the research and on both occasions nothing had changed in the area.

4.6 STATISTICAL ANALYSIS AND INTERPRETATION

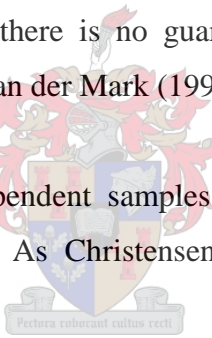
Experimental design method had been proved to be effective in establishing the connection between traditional birth process and the spread of HIV/AIDS in the area. Furthermore this method had proved beyond reasonable doubt that traditional practices including witchdoctors, traditional healers, cultural practices and traditional birth process had fuelled HIV/AIDS in the area.

4.7 DATA ANALYSIS: INTERVIEWS

Questionnaires and oral interviews helped in identifying factors contributing to HIV/AIDS and traditional birth process. Through interviews a researcher was able to sense their attitudes towards traditional deliveries and western deliveries. Through interaction with the group, a researcher was able to notice cultural barriers as the main problem to the continuation of traditional births and HIV/AIDS spread.

Collected data proved beyond doubt that there is a relationship in the HIV/AIDS spread and traditional birth practices. Collected data assisted a researcher in reaching conclusion that there is no difference in HIV/AIDS infections among the participants that had undergone traditional birth and taken to hospital for the treatment and inspection after complicated deliveries and those who did not go to the hospital. Again no evidence was found that complications experienced by the mothers were due to traditional births because there is no guarantee of safety even in western deliveries as this is supported by Van der Mark (1994).

In analysing collected data, independent samples t-test was used to compare the differences between the groups. As Christensen (2001) says no difference was noticed between the groups.



At the end of the interview, tapes were transcribed verbatim prior to analysis, paraphrased and translated into English in preparation for coding and analysis.

The collected data was stored as qualitative data as the respondent's complete individual forms and as a researcher is through with the oral interviews. The information was made available for statistical analysis.

CHAPTER 5

FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter will give summary of the study, interpretation of findings, recommendations and conclusions.

These recommendations can be used as a guide by the HIV/AIDS researchers, those who are on authority, government departments especial the department of health, welfare department, and labour department when making deliveries to the rural communities especial the Bucula community.

5.2 OBJECTIVES OF THE STUDY

- The main research objective was to investigate if traditional birth practices in the area had influence in HIV/AIDS spread.
- A researcher investigated whether there is a difference in HIV/AIDS infection rate to the mothers and babies between those who had undergone traditional deliveries and western deliveries.
- A researcher investigated if there is difference in HIV/AIDS infection among family members practising traditional birth and those using western deliveries.
-

A researcher found it necessary to investigate if there is a difference in HIV/AIDS infection in the two groups which has undergone same traditional delivery but one group went to hospital for inspection due to complications and get treatment.

5.3 HYPOTHESIS

VARIABLES

Independent Variable – Traditional birth

Dependent Variable - HIV/AIDS

5.4 FINDINGS

Negative attitude towards western deliveries contributed to traditional birth practices. Ignorance about the HIV/AIDS contributed to unsafe deliveries and HIV/AIDS spread. Extra marital affairs exposed more women to the vulnerable disease. Low moral behaviour had been noticed because some of the pregnancies were caused by family members. It has been noticed that cultures and customs contributed to the traditional birth practices and HIV/AIDS in the area. Young women are forced to marry brother in law, where there is no son father in law continues with the family so that his son's name cannot be forgotten.

It cannot be overlooked the fact that many deaths are due to traditional birth practices, mixed breast feedings and HIV/AIDS. Women continued giving birth at home and breast feeding even if they see that their health conditions deteriorate, due to social pressures. If no one in the family had gone to hospital before for delivery, then no one is expected to go irrespective of the health conditions. Some women continue breastfeeding even if they had been advised to stop, due to social pressures, which are accompanied by the stigma. Everyone would like to be acceptable in the community; they prefer to adhere to the values of the society. People are reluctant to deviate from their cultures, norms and values even if those practices expose them more to death as long as the negative perceptions remain.

It had been noticed that previously disadvantage community's problems are not yet addressed by the present government. There are still areas like Bucula community without proper roads, without clean water, no toilet facilities, no electricity, no projects for them in-order to sustain themselves and to crown it all no health centres. It had been noticed that people in this community are still in a dark corner concerning HIV/ AIDS. High rate of unemployment caused unmanageable poverty in the area that is the reason why HIV/ AIDS is spreading fast.

We know that poverty contributes to the spread of HIV/AIDS because people end up. Involved in undesirable behaviours in order to get food. High rate of illiteracy is the cause of their ignorance about HIV/AIDS.

It had been noticed that people here are not keen to be treated for diseases as long as that disease makes them get grant from the government in order to live. Children are registered in order to get child grant, otherwise before the introduction of child grant children were not registered citizens.

It was clear to the researcher that traditional practises including cultural values are the main causes of the HIV/AIDS spread in the area. That is proved by how these traditional processes are done.

Answers were valid and reliable because questionnaires proved beyond reasonable doubt that traditional birth practices contributed to HIV/AIDS spread in the area. Again questionnaire was able to expose their attitude towards traditional birth practises and HIV/AIDS diseases.

5.5. RECOMMENDATIONS

Well-informed society gives birth to healthy people. People need HIV/AIDS awareness programmes to be well informed about the pandemic, how it spreads and how it can be minimised. People need to be educated in the use of drugs during pregnancy and at delivery. Through HIV/AIDS education viral load may be minimise, thus reducing the Mother To Child transmission (MTCT). It might not be easy to prevent mother to child transmission in some pregnancy even if circumstances can permit because some pregnancies had occurred within the family, incidences like these are not reported to outsiders as it is believed that it can had negative implications in the family name. It becomes a secret, such that even delivery of the baby is done by the old women family members. If the perpetrator was HIV positive, it is usually noticed later in life if the mother or if the baby might get sick and is tested for HIV.

It is important for the rape victims to know about the use Zidovudine (AZT) within 24hours of rape. Even if they might decide not to abort, the HIV/AIDS transmission can be minimised. Rural women need to be educated on the dangers of giving birth while HIV positive. They need to know that giving birth while HIV positive weakness

their bodies. That may even cost their lives or loose their babies especial that they do not have access to Nevirapine at delivery.

Women have rights to the information so that they can make choices and informed decisions. Women need education on preventative measures. They need education in the use of contraceptives especial the use of condoms to minimise HIV/AIDS spread. They have to be alerted on the importance of knowing their HIV status. This means that they should be encouraged to go for Voluntary Counselling and Testing (VCT) to protect the unborn baby. Knowing their HIV status will make them to practice safe sex so that they cannot continue infecting themselves through unprotected sex. Again knowledge of their status will minimise vertical transmission. They will realise that in order to save their babies, they will have to go through western delivery so that they can have access to nevirapine. They have to be informed that only after 18 months when they can get the accurate results of their babies HIV status.

Bucula community pregnant mothers need to be educated on the importance of attending antenatal clinics and the use of nevirapine during labour to minimise mother to child transmission. Early HIV diagnosis is essential for the correct management of the disease. They need to know that even if they had gone through traditional delivery, they have to visit health centres on regular basis so that those whose who are HIV positive can be notified on time when there is a need for Anti-Retrovirals (ARV's). That can be only successful on regular check up, whereby their health conditions may be monitored.

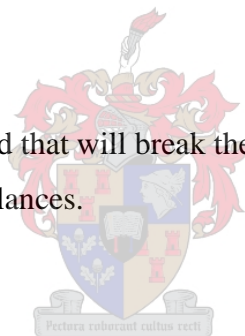
They need education on dangers of mixed feedings and the correct methods of breast-feeding. It had been noticed that in the absence of a biological mother any breast feeding mother, breast-feeds the baby not knowing that a baby might get the virus from the milk if it happens that she is HIV positive.

All women of childbearing age who are HIV positive should be advised not to have any further children . In addition to the risk of producing a baby with AIDS which will certainly die , some researchers believe that pregnancy acts as a trigger which speeds up the HIV positive women progress to AIDS Hubley (1990).

This is a very difficult message to put across women in many cultures especial Bucula women who view it as unrealistic . The only way to reduce the number of babies born with HIV or dying from AIDS is to prevent women of child bearing age from becoming pregnant . This will require intensive educational programmes among both men and women to promote less risky sexual behaviours.

People should refrain from using untrained traditional midwives. They need to be educated on dangerous traditional practices like ; polygamy and the use of traditional healers . That should be done politely , without being seen as someone who wants to destroy their customs and culture. Traditional birth attendants (TBA) should be educated on HIV prevention and care and the use of universal precautions . This education should include the use of ARV's and Sexual Transmitted Disease treatments (STD). They should be encouraged to avoid traditional practices that increase the risk of HIV transmission such as the use of vaginal herbal potions and scarification.

Peer counsellors should be trained that will break the cultural barriers that prevent the use of condoms and gender imbalances.



5.6. CONCLUSION

It appeared that pregnancy had acted as a factor in the mothers and babies development of AIDS. Women's immune system after birth becomes compromised as their condition deteriorates .

Ignorance and poverty in Bucula community causes the rapid spread of the HIV virus. The inequalities in the distribution of health resources and wealth cause social divisions and inaccessibility to adequate resources. The weapons against HIV/AIDS cannot rely solely on expensive drugs. HIV prevention programmes are needed, access to the information, HIV/AIDS education programmes, and improvement on health care and made accessible to all the communities .

Most importantly Cultural Revolution should be included to acknowledge the position of women in the cycle of transmission, to acknowledge their responsibility for future

generations by acknowledging their equal status in society. Only through women empowerment that we can be able to minimise heterosexual spread of the virus.

Traditional medicine is the only option for the communities like Bucula , however these medicines can be helpful while some can do more harm than good. It is important for our government to train traditional healers and witch doctors so that they meet certain health standard (UNAIDS: 2000).

Mortality rate is high in both mothers and babies in Bucula community due to the lack of education and training in traditional midwives although they believe that it is caused by witchcraft .

According to Buitendijk 1993 there is no indication that home births are not safe but thorough education and training is needed for traditional attendants midwives(TAM) . If traditional births in Africa can be done just like in Netherlands , high rate of mortality can be minimised . If trained traditional midwives can be connected to the professional health care workers , home delivery permit issued to trained attendants , the system of home birth can work .

We had succeeded to fight apartheid in our country, which created hatred and social divisions among people , now it is the time to declare a war against a killer disease HIV/AIDS. This pandemic has caused pain , misery and solitude for all who have fallen under its shadow Shepherd (1994). It is the time to stop blaming other people or animals for bringing the disease to our continent and try to have an immediate solution to the problem.

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APPENDIX A

DEFINITION OF TERMS

AIDS: Acquired Immune Deficiency Syndrome

HIV : Human Immunodeficiency Virus

HIV belongs to an unusual class of viruses called retroviruses where the genetic material is in the form of RNA

ARV'S (ANTIRETROVIRAL DRUGS : They are one of the interventions that can be used to help prevent HIV being passed from a mother to her unborn child .

AZT (Zidovudine) : A pill that makes the virus passive within 24 hours .

NEVIRAPINE : A pill or syrup that is used to minimise the transmission of HIV virus from the mother to child .

MTCT : Mother To Child Transmission



VERTICAL TRANSMISSION : It is how the virus can be transmitted from the mother during delivery to the baby .

HORIZONTAL TRANSMISSION : it is how a virus can transmit through sexual intercourse, body fluids, sharing of the needles and syringes.

TB : Tuberculosis

VCT : Voluntary Counselling and Testing

STD : Sexual Transmitted Disease

TBA : Traditional Birth Attendants

TAM : Trained Attendants Midwives

VAMNA (Xhosa word): It is a traditional medicine, which is believed that it can make men submissive to their wives .

VAT-EN-SIT (Afrikaans word) :A woman who is staying with a man but
Or not legally married .

UMASIHLALISANE (Xhosa word)

WHO : World Health Organisation

Umqomboti (Xhosa word) : Traditional Xhosa bear

Lobola (Xhosa word) : A bride price



APPENDIX B

QUESTIONNAIRE

In doing this questionnaire KAP study had been taken into consideration. This means that knowledge people have about HIV/AIDS , attitude people have towards traditional birth practices , HIV/AIDS and their traditional practices, which have influence in the spread of the HIV/AIDS, had been taken into consideration .

1.Do you think traditional birth have an influence HIV/AIDS?

.....

2.Roughly how many people are likely to opt for traditional birth ?

.....

3.What factors that enforce the traditional birth practices ?

.....

4.Who are likely to get infected ?

.....

5.Ways of infection taking into consideration on how the process is done .

.....

6.Which other risks are involved in the birth process ?

.....

7.Which is the most infected age group?

.....

8.How can HIV/AIDS infection be minimised through traditional birth?

.....

9.What can be done to encourage safer way of traditional deliveries?

.....

10.Why most of the women in the area have HIV positive symptoms?

.....

11. How do you view the use of condoms by the partners ?

.....

12.How can we make sex safer and enjoyable to everybody?

.....

13.Do you think HIV/AIDS can be prevented?

.....

14.Who are likely to be at risk in the area and why ?

.....

15.What do you know about the disease?

.....

16.What are the myths around the use of condoms ?

.....

17.Mention cultural barriers that promote traditional practices in the area ?

.....

18.What would you like to be changed in your cultural practices and why ?.

.....

